

New Jersey Department of Health and Senior Services  
Clinical Laboratory Improvement Services  
PO Box 361  
Trenton, NJ 08625-0361

**BROKERS AND REAGENT MANUFACTURERS - ANNUAL STATISTICAL DATA**

Name of Blood Bank	County	
Address		
Name of Individual Completing Form	Telephone Number	
<i><b>Please furnish the following data for the report year and return to the above address, by the required date. Please retain a copy for your files. If assistance is needed, contact the Clinical Laboratory Improvement Service at 609-292-0522.</b></i>		
<b>A. Source of Plasma Supply</b>		
<b>Name</b>	<b>Address</b>	<b>Amount (in Liters)</b>
a.		
b.		
c.		
d.		
e.		
f.		
g.		
h.		
i.		
j.		
k.		
l.		
m.		
n.		
o.		
p.		

**BROKERS AND REAGENT MANUFACTURERS - ANNUAL STATISTICAL DATA, CONTINUED**

<b>A. Source of Plasma Supply, Continued</b>		
<b>Name</b>	<b>Address</b>	<b>Amount (in Liters)</b>
q.		
r.		
s.		
t.		
u.		
v.		
<b>B. Distribution of Plasma</b>		
<b>Name</b>	<b>Address</b>	<b>Amount (in Liters)</b>
a.		
b.		
c.		
d.		
e.		
f.		
g.		
h.		
i.		
j.		
<b>C. Use of Plasma</b>		
a. Number of units used for in vitro diagnostic reagents and controls.		
b. Number of units destroyed as unusable.		
c. Number of units on hand, December 31.		

Signature of Blood Bank Director	Date
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